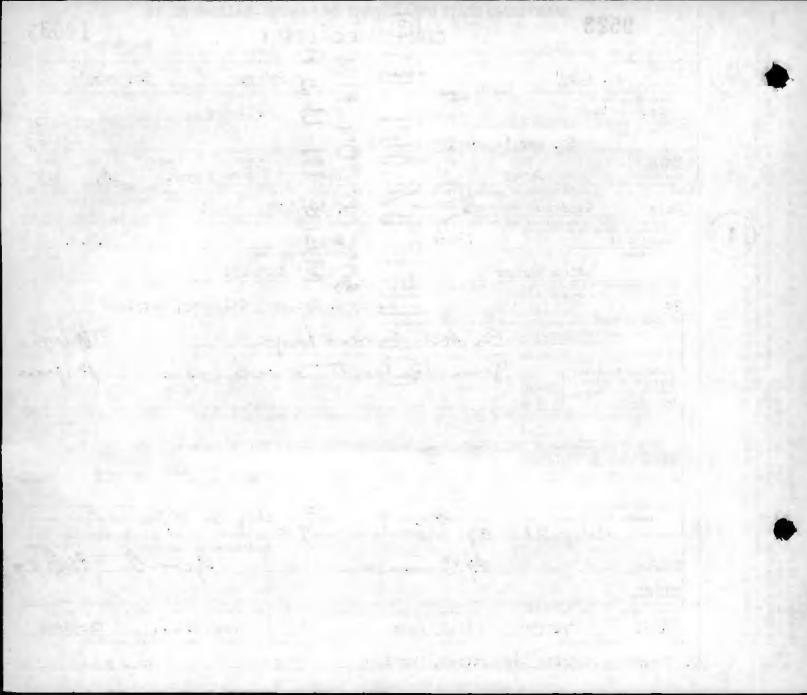
VS A1S (4) ISM 9/S8

9	5	2	3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 8 FilmG248 9-21-59 et CERTIFICATE OF DEATH

10635

								Keg. Dist. I	10.	
1. PLACE OF DEATI	St. Mary's		MARYLAN	H	usual residence (was a. STATE	here deceased	lived. If institution b. COUNTY	on: Residence b		n)
b. CITY OR TOW	N (If autside carporate limi	ts, write	c. LENGTH OF STAY IN I	lb I	c. CITY OR TOWN (IF		ite limits, write R			
	rd town		10 days	X	Rural	Callawa	7.7			
		ive street			d. STREET ADDRESS	VALLEWS	t.y		e. IS RESID	ENCE
OR INSTITUTION	SPITAL (If not in hospital, g ON St. Mar	y's I	Hospital						ON A F	ARM?
3. NAME OF DECEASED (Type or print)	fin Jan		Middle	1	Barber	4. DATE OF DEATH	August	th 26	Day Yes	or 59
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. D.	ATE OF BIRTH 18	88 9	. AGE (In years last birthday)		AR IF UNDER	
Male	Colored	WIDOW		_	eb. 10, /1/8/	3/7	71 yrs.	Manths Day	s Haurs	Min.
100. USUAL OCCUP	ATION (Give kind of work	dane 10b.	KIND OF BUSINESS OR IN				intry)	12. CITIZEN	OF WHAT CO	UNTRY
Saw Mi	warking life, even if retired		Labor		Maryland			U	.S.A.	
13. FATHER'S NAME				14	L MOTHER'S MAIDEN	NAME				
	Mike Bar	ber			SALLY HO	PEWELL				
15. WAS DECEASED	EVER IN U. S. ARMED FOR	CE\$? 16.	SOCIAL SECURITY NO.	INFO	RMANT		Add	ress		
No. or unknown	(If yes, give wor or dates of s	etvice)		Mar	y C. Barber	c Cal	laway, M	aryland		
gave rise t cause (a), stat lying cause l		92	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	VINAL DISEASE	CONDITION GIV	VEN IN PART 1(d	19 Up	JTOPSY MED?
20g. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING [] ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER] UURY Month, Day, Ye		CRIBE HOW INJURY OCCU		nter nature af injury in			(Caun	YES T	NO [
Haur a.		While at war	k at wark	factory	, street, affice bldg., e	tc.)			"	
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S	that I attended the	deceas , 19.4	ed franchistory of the second	ath ac	, 19.5 7, ta curred at 7 12		he couses and the couses are lawn,			abovi
NAME (Type)_										
220. BURIAL, CREMA REMOVAL (Spe- Burial	ation, 226. Date therec)F	Holy Face	Y OR CR	EMATORY		on (City, lawn, at Mills		(State) Marylar	
23. FUNERAL DIREC	1 01-1111		ADDRESS		24- DE	C'D BY REGISTR		STRAR'S SIGNA		101
	Mattingkey I	.0.0000		land						
" OTSIKE	THE COTHER A T	PIIQUII	d cowit, Merry.	ratin	DAIL	EP 1 6 '5		Thur & Fl	and the same	



09497

CERTIFICATE OF DEATH

	3	U
LACE OF		

									Keg. Dist	. ING.	
1. PLACE OF DEATH o. COUNTY	St. Mar	ys	MAR	YLAND 2	USUAL RESIDENCE OF STATE	CE (Where dec	eosed lived.	If institution	on: Residence St. M	before or	dmission)
RURAL and give r	(If outside carporote limearest tawn) t Mills	its, write	LENGTH OF STA	YIN 1b	c. CITY OR TOW	N (If outside o	orporate lim	its, write R	URAL and giv	va neorest	fown)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, Rural	give street ad	dress)		d. STREET ADDR						RESIDENCE ON A FARM?
2 111117 05											
3. NAME OF DECEASED (Type or print)	Clyde	at	Josep		Barn	1es Je	ATH	Aug.	2.	Doy	Year 19 59
5. 5EX M	6. COLOR OR RACE	7. MARRIE			NATE OF BIRTH 8/15/188	31	9. AGE	(In years birthday) 8 yrs.	-		JNDER 24 HRS. Purs Min.
100. USUAL OCCUPATI during most of wor	king life, even if retired	dane 10b. KI		OR INDUSTR	11. BIRTHPLACE	(State or forei					HAT COUNTRY
13. FATHER'S NAME)1,		Farm		14. MOTHER'S MA	rland				USA	
70 PATRICK STACKIE	Joseph H	. Barı	nes			nown				20	
S. WAS DECEASED EV	ER IN U. S. ARMED FO	RCE57 16. SC	CIAL SECURITY N	O. 17. INFO				Addr	ress		
	(If yes, give war or dates of			Mar	y Barne	es - G	reat	Mill	s, Md	•	
	ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE ((0.	for (o), (b), and (c	11/	-l.	- 1				ONSET	AND DEATH
446 X Conditions, if	DUE TO		a de	id	tink	Soul	1	u'i		100	han
gove rise to coduc (a), stating lying couse lost.	the <u>under-</u> DUE To		and I	reph	sites					10	que
PART II. OT	HER SIGNIFICANT CON	NDITIONS CO	NTRIBUTING TO D	EATH BUT NO	T RELATED TO THE	ETERMINAL DI	SEASE CONE	DITION GIV	EN IN PART	Pi	AS AUTOPSY ERFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCR	BE HOW INJURY	OCCURRED. (Enter nature of inj	ury in Part 1 a	Part II of iI	lem 18.)			
ZOC. TIME OF INJUITED IN THE PROPERTY OF THE P	RY Month, Day, Ye	While at work (Not while at wark	20e. PLACE factor	OF INJURY (Hom y, street, office bld	e, farm, 20f, g., etc.}	(City or tow	n)	(Co	unty)	(State)
21. I certify the alive an	hat I attended the	deceased 199	25	t death of		ADDRES	S (Street, cit	causes a	ind an the		the decease tated abave DATE SIGNE
PHYSICIAN'S NAME (Type)	P.J. Bea		D		Gr	eat M	ills,	Md.			
220. BURIAL, CREMATIC REMOVAL (Specify Burial		OF	Holy	AETERY OR C			Great			d.	(Stote)
23. FUNERAL DIRECTOR	S'S SIGNATURE	T	ADDRESS		240	REC'D BY REAUG 1 4	GISTRAR	24b. REGIS	TRAR'S SIGN	JATURE	
F.B. RO	binson -	Leons	ratown.	Mid.	DA	IEJO C.					

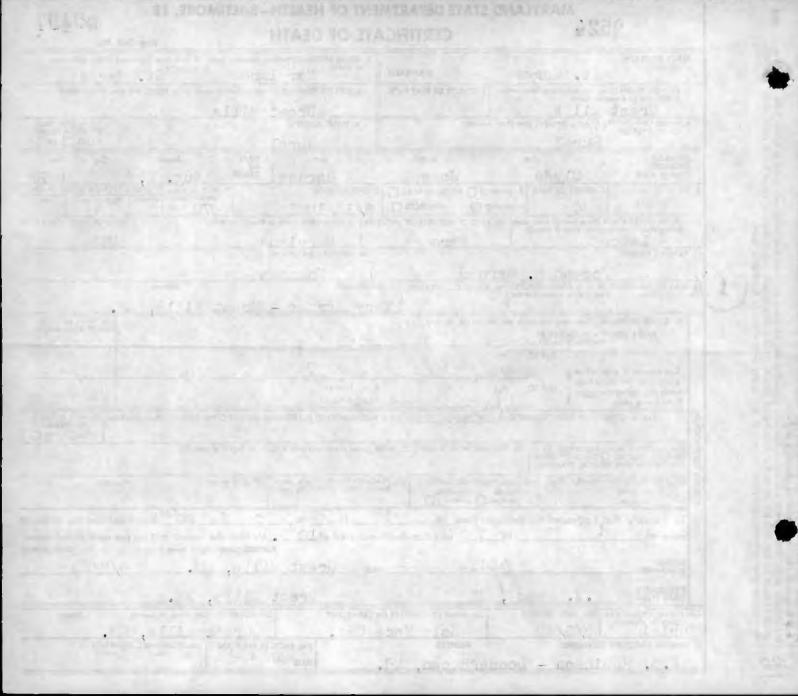
TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death:

may be retained by the pital or attending physician.

TO FUNERAL DIRECTOR For this certificate has been signed by the attending physician and completely filled in by the funeral moy be retained by the pital or attending physician.

O FUNERAL DIRECTOR: Let this certificate has been signed by the attending physician and completely filled in by the funeral page 3 should be detoched for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be the registrar prior to burial, cremotian, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

Page 4



VS. A15ME(5)

SM 9/55

ox

09498

10	em o riimezao 7-	ソーンソ せて		Reg	, Dist. No		
1. PLACE OF DEATH St. Mary's	MARYLAND	2. USUAL RESIDENCE (V	Where decoused live			ore odmission) ary 1 s	
b. CITY OR TOWN (If outside corporate limits, write RUR, and give necreel hown) Mouth of Potomac Ri	(area)	c. city or town (ifornia	limits, write RURAL	and give n	earest tawn)	
	in hospital, give street address) PaxRiverMd at	d. street address Town Cr	eek Mand	or		ON A FA	RM?
Month of Potomac Ri 3. Name of Potomac Ri OFCEASED (Type or print) Kenneth	Stanley	Bocock	4. DATE OF DEATH	August	26	Year 1959	9
Male Caucasiahwn		15-24-2	The long	yrs. Manth	DER TYEAR	Hours Min.	_
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AVIATOR	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote Kansa	ar foreign country) S	12.	USA	WHAT COU	NTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME			***	
Stanley Kennet	h Bocock	Anna Tur	ek				
15. WAS DECEASED EVER IN U. S. ARMED FORCES		icial U.S			USN	AS,	
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED 87: IMMEDIATE CAUSE (a)	DROW	NING	er, Mary		ONSE	VAL BETWEEN	
PART II. OTHER SIGNIFICANT CONDITION 200. EXTERNAL CAUSE WAS PRIMARY ID OF CONTRIBUTING CAUSE OF DEATH.						PERFORMED YES NO)?
	escribe how indury occurred. (En et Aircraft Cra		t I ar Part It of item	18.)			
20c. TIME OF INJURY Month, Day, Year 1630, m. Aug 26 1950	20d. INJURY OCCURRED 20e. PLACI White Not white Mout	E OF INJURY (Home, farm y, street, affice bldg., etc. h Potomac	11	n) Fown Cre	(County) eek M		ote) Md
death resulted from Warurd W. S. WRAY	the remains described above Accident A. Suici	ide [], Homicide	Undete	rmined cause	□.		MD
SIGNATURE Wm. D. BOYD,	MD	M.D. CHIEF MEDICAL E			8	-30-59	
NAME (Type)		DEPUTY MEDICAL	EXAMINER 1				7
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 01 9/1050	Greenwood	REMATORY	Newton	City, town, or count	Kans	(State)	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC	D BY REGISTRAR	24b. REGISTRAR'S			
Moody's Funeral Home	Newton, Kansas	DATE S	EP 4 '59	arthur	& Kray	W.	

Access to Market and the last VENTASE . ----Consert States I and I Man Committee of the Co AT DESIGNATION OF THE PARTY OF

FOR STATE HEALTH DEPT.

	F	0	R	\$1	rÁ
ŀ	IE	A	LT	H	D
AEBICAL EXAMINER: This certificate should be exacated within 24 hears often death. If any delay is micessory, please	le word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral director.	hief Medical Examinar's Office along with form PM3. Page 5 may be retained for your fill.	DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, 120	nated agent, prior to burial, cremation, ar removal, and in payment within 72 hours after death.	
S cert	a puo	Medi	d be	rio!	
# This	he wo	hief A	shoole	o bur	
MINER	Hing !	The C	oge 3	prior 1	
EXA	į	1	OR: P	gent, p	
AEDICAL.	certifico	forword	DIRECT	nated ag	

VS. A15ME 5M 2/57

9526 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		1)	9	4	9	9
Reg.	Dist.	No.		4	-	47

1, PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceo	sed lived. If instit	ution: Reside	ence before oc	imission)
. COUNTY	. Mary's		MAR	YLAND	a. STATE		b. COUNT	ſΥ		1
b. CITY OR TOWN (if ond give necres) fown)	outside corporate limits, writ	e RUFAL	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN	(If outside cor	parate limits, write	RURAL ond	give neorest	town)
St. Mary	s City		1 day		Wash	ington	B.C.	47	x-3	
d. NAME OF HOSPITA	L OR INSTITUTION	If not in ha	spital, give street addre	-55)	d. STREET ADDRES	5	_		e. IS	RESIDENCE N A FARM?
St, Ma	ry's Rivel	\$			1838 V	ermont	Ave. N.	W.		NO K
3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mont	lh	Doy	Yeor
(Type or print)	Maurice		E.	B	ryant	DEATH	August	. 2.		19 59
5. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIE	D 🗩 8.	DATE OF BIRTH		9. AGE (In years lost birthday)	FUNDER		NDER 24 HRS.
Male	colored	WIDOW	DIVORCED		July 27, 19	13	46 yrs.	Months	Days Hour	x Min.
10o. USUAL OCCUPATIO during most of working	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (SH	ata or foreign	country)	12. CITI	ZEN OF WHA	AT COUNTRY?
Elevator of						ngton.		1	U.S.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDE					
J	ames Bryan	nt			Marv	E. Jack	cson			
15. WAS DECEASED EVE		RCES? 16.	SOCIAL SECURITY NO	. 17. IN	FORMANT		Address	1		7
No				Le	ha M. Cawt	horne	San	10		
18. CAUSE OF DEAT	H [Enter only one con	se per line	for (a), (b), and (c).				-		INTERVAL BET	W(fl)
PART I. DEAT	H WAS CAUSED BY:		Drow	ning					imme	•
850X	DUE TO							-		
Conditions, if or										
gove rise to immed	iate cause				***					
(a), stating the u	(c)									
Z PART II, OTH			ONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TEL	RMINAL DISEAS	E CONDITION GI	VEN IN PART	T 1(a) 19, WA	S AUTOPSY
X									YES	FORMED?
PART II, OTH 20g. EXTERNAL CAU PRIMARY-19 or CON CAUSE OF DEATH.	SE WAS 20	b. DESCRIE	E HOW INJURY OCCU	RRED. (En	ter noture of injury in I	Port I or Part II	of item 18.)			110 (28)
20a. EXTERNAL CAU PRIMARY 19 of CON CAUSE OF DEATH.	II KIBUTING U	70	ver loaded 1	boat.	over turn	ed				
3 20c. TIME OF INJUR	Y Month, Day, Ye			De. PLAC	OF INJURY (Home, fe	orm, 120f. (City	or fown)	(Cou	inty)	(State)
7.15 %	8.2. 19	59 White	e Not while ork of work	St. Ma	rv's River	St. N	lary's Ci	tv.St.	Marvis	Md.
	at I took charge		remains describe					- · · · ·		ind in my
			causes . Acci		_		. Undete			T III III
Johnson Geom	a a	1010107	cooses L., Acci	A COUNTY], 301clue [_],	rametee	, Undere	manned n	Hunner _	ı
ACTUAL	1/1/2.	1	70 1)	CHIEF MEDICAL	EXAMINER [DATE	SIGNED
SIGNATURE	Win		1200x	/	ASSISTANT MED					
EXAMINER'S WI	lliam D. H	Boyd.	M.D.		DEPUTY MEDICA			August	t 6. 19	59
220. BURIAL, CREMATIO	N. 22b. DATE THEREC)F	22c. NAME OF CEMET	ERY OR C	REMATORY	22d. LOCA	TION (City, town.	or county)		ote)
REMOVAL (Specify) Burial	8/8/59		Lincol	n		Wa	shington.		D.C.	
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			EC'D BY REGIST	RAR 24b, REG	STRAR'S SIG	NATURE	
John T.Rhin	es 3001 -	12th	S+ N.E Maa	hine	TON D C DATE	UG 1 1 '59	Chi	hun S. t	house	
A MANUAL TO BE A MANUAL TO A M		ALL WILL	A NO TRANSIGNA	THIS	هاما م الله و الله					

THE STATE OF STANDINGS CHANGE OF DEPTH

ATE DEPT.

St. Mary's

Mary's b. CITY OR TOWN (if outside corporate havits, write BURAS

St. Mary's River

City

Lorenzo

Colored

John

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Canditions, if any, which gave rise to immediate cause

(a), stating the underlying

200. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING CAUSE OF DEATH.

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

First

Carney

(II was give wer as dates of surviva)

IMMEDIATE CAUSE (a)

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).

DUE TO

DUE TO

Month, Doy, Year

opinion death resulted from: Natural causes ,

PLACE OF DEATH

a COUNTY

NAME OF 3.

5. SEX

DECEASED (Type or print)

Male

Clerk 13. FATHER'S NAME

ves

cause last.

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Carnev

17. INFORMANT

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f, (City or town)

factory, street, office bldg., etc.)
St. Mary's River

over loaded boat, over turned

21. I certify that I took charge of the remains described above, held an Autapsy [], Inspection [7], Inquiry [7]

Accident 7.

Not while ?

at work at work

Drowning

MARYLAND

c. LENGTH OF STAY IN 16

Middle

DIVORCED T

1 day

6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 1 8. DATE OF BIRTH

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)

16. SOCIAL SECURITY NO.

Civil Service

WIDOWED [

o. STATE

d. STREET ADDRESS

4921

Lost

14. MOTHER'S MAIDEN NAME

Reg. Dist. No.

e. IS RESIDENCE ON A FARM?

YES NO T

Yeor

IF UNDER TYEAR IF UNDER 24 HRS.

U.S.A.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERNO DE CHEN

immed.

PERFORMED? YES [

NO I

(Stole)

Md.

and in my

DATE SIGNED

(Stole)

1959

Min.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside corporate limits, write RURAL and give negres) town)

Washington .D.C

4. DATE

Washington. D.C.

Margie Gray

DEATH

Jay Street, N.E.

b. COUNTY

August

Address

Months

P. AGE (In years

Sophia Wright 80 New York Ave N. W. Washington.

Suicide . Hamicide . Undetermined manner

William D. Boyd 226. BURIAL, CREMATION, 226. DATE THEREOF

Maguire Funeral Home Washington D.C.

M.D.

While

22c. NAME OF CEMETERY OR CREMATORY

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO

CHIEF MEDICAL EXAMINER

DATE

August 6, 1959

(County)

St. Mary's City.St. Mary's

22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial 8.10.59 Arlington, National Arlington. Virginia ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AUG 1 1 '59 Chillan & Thank

VS. ATSME 5M 2/57

THE THE PROPERTY OF THE PARTY O AND AND CALL PARTY OF THE PARTY. HE DESCRIPTION OF THE PROPERTY

FOR STATE

HEALTH DEPT

TO DEPUTY MEDICAL TO MAINER: This certificate should be executed within 24 hours after death. If any delay is necessary, pleas execute the certifical ting the word "pending" in pendit in them. 18. Give Pages 1, 2, and 3 to the funeral director. Proceed to a should be farward the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your fit to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heavilly resignated agent, prior to burial, cremation, or remaral, and in apprevent within 72 hours offer death.

VIII. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9528 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09501 Rea. Dist. No.

22							
	. PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased ived	If institution: Residence b	afore admission)
-	6. CITY OR TOWN IN	Mary s	MARYLAND AL C. LENGTH OF STAY IN 16		(If outside corporate limi		negret town
	and give nearest (pwn)					is, title to the did give	
-	St Mary				ton, D. C.		4
			in hospital, give street address)	d STREET ADDRESS	S		ON A FARM?
	The second secon	. Mary's Rive		4921 Ja	y Street N.	E.	YES NO 🔀
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month Day	•
	(Type or print)	Lucille		Carney	DEATH Aug	ust 2,	, 19 59
	S. SEX	6. COLOR OF RACE 7.	MARRIED W NEVER MARRIED 1 8.	DATE OF BIRTH	9 AGE the	FUNDER TYEA	R IF UNDER 24 HRS.
	Female	Colored	DOWED DIVORCED A	lay 22, 192		341s Months Days	Hours Min.
	On USUAL OCCUPATIO	N (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTR	TY 11 BIRTHPLACE (SH			OF WHAT COUNTRY?
-1	during most of working Caterer			So	ath Carolina	11 0	A
-	I3. FATHER'S NAME			14. MOTHER'S MAIDEN		. U.S.	n
4		3.7 2 2 3 1 . 3.7. A					
١ŀ		Willie Wright			nia Wright		
7	(Yes an at Augunany)	(If yes, give war or dates of territi		FORMANT		Address	
	No		Sc	phia Wrigh	t 80 New Yor	k Ave. N.W.	
	18. CAUSE OF DEAT	TH [Enter only one cause p	er line for (o), (b), and (c).]		Wa	shington, D	LEGI PETWIEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (6)		Drow			mmd_
- 1	XCC	DUE TO					tottifd.
	Conditions, it as	an sublab)					
	gove rise to immed	liote couse				-	
	(o), stating the u	inderlying Due 10					
1	couse lost.	J (c)					
	PART II. OTH 200. EXTERNAL CAU PRIMARY TO or CON CAUSE OF DEATH.	EK SIGNIFICANT LONUTHIC	ONS CONTRIBUTING TO DEATH BUT N	OF RELATED TO THE TER	MINAL DISEASE CONDITI	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
ì	3						YES NO
	200. EXTERNAL CAU	ISE WAS 206 DI	ESCRIBE HOW INJURY OCCURRED (E	nter noture of injury in P	art I or Part II of item 18)	
	-		over loaded beat	over turned			
	20c. TIME OF INJUR	Y Month, Day, Year	20d. INJURY OCCURRED 20e PLAC	E OF INJURY (Home, fo	rm, 20f (City or town)	(County)	(510†e)
	Hour XXm.	8 7 1950		ry, street, office blog , e Mary s rive		of s City St.	Mary's Hel
-1			the remains described above				
- 1							
	apinion death	resulted fram: Nati	ral couses [], Accident	M. Suicide	Hamicide [], (Indefermined mann	ег 🔲
	ACTUAL	1.1- 3	n ()				DATE SIGNED
	SIGNATURE .	MINU	13an	M.D. CHIEF MEDICAL	EXAMINER [DATE STOTICE
	EXAMINER'S .		100	ASSISTANT MED	ICAL EXAMINER		
	NAME (Type)	William D. Bo	yd M.D.	DEPUTY MEDICA	L EXAMINER CK	August 6	.1959
1	220 BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	REMATORY	22d LOCATION (City	town, or county)	(Stote)
	Burial	8.10.59	Arlington Na	tionel	Arlington,	Wi med m	10
1	23 FUNERAL DIRECTOR		ADDRESS		C'D BY REGISTRAR 24	Vargini b. REGISTRAN'S SIGNATU	
	31						
1	Maguire Fur	ieral Home.Wa	shington D.C.	DATE	AUG 1 1 '59 1	Clashung & ft	SALLA





iter death. If any delay is necessory, plee 1, 2, and 3 ta the funeral director. P-Page 5 may be retained for your fit. 1 and 2 with the State Board of Hess thin 72 hours ofter death.

e pages 1

IR: This certificate should be executed within 24 hours after death, the word "pending" in pencil in them 18. Give Pages 1, 2, and Chief Medical Examiner's Office along with form PM3. Page 5 to 3 should be used as a burial-transit permit. File pages 1 and 2.

MADVIAND STATE DEPARTMENT OF BEAITH DAITHAODE TO

	9530 MEDICAL EXA	MINER'S CERT	IFICATE OF D	EATH Reg. Di	(19503) st. No.
1	o. COUNTY St. Mary 1	MARYLAND 2. USUAL II	ESIDENCE (Where deceased t	ived. If institution: Reside b. COUNTY	nce before odmission)
1	b. CITY OR TOWN (if buts de corporate limits, write #USAL on give naves) family St. Mary 8 City 1 d d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street of the street	av	DR TOWN (If outside corpore Washington, I ADDRESS 2315 Hartford). C.	IS RESIDENCE ON A FARM?
	3. NAME OF DECEASED (Type or print) The I mo W.	Franci:	MI 4. DATE OF DEATH A	Month 2,	Dey Year 19 59
	Female Colored WIDOWED D	VORCED UULV 1.	1926	Months (TYEAR IF UNDER 24 HRS Days Hours Min
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Procurement clerk U.S. Governments of the control of the contr	erment Wasi	nington, D.C.		I.S.A.
)	Kedex Wiley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, not, or entinown) (If you, give wor or dates of service)	RITY NO 17. INFORMANT	deasa Wheeler	Address ,	
7	Conditions, if ony, which gove rise to immediate cause (e), sloting the underlying couse tost. DUE TO COUNTY DUE TO (c)	rowning	J.Francis JR. Vashington, D.	C.	interval between to ONSET AND DEATH immed.
)	■ FRIMARY LF or CONTRIBUTING L	Y OCCUPRED (Enter noture of		iom 18.)	YES NO A

20c. TIME OF INJURY

Month, Doy, Year

While Not while of work

20e PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.)
St. Mary's River

20f. (City or town) 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry .

(County) (Stote) St. Mary's City, St. Mary's

opinion death resulted from: Natural causes . Accident .

DEPUTY MEDICAL EXAMINER K

August 6, 19

and in my

DATE SIGNED

(Slote)

REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 226 DATE THEREOF 8/10/59

EXAMINER'S William D. BoydM.D.

22c. NAME OF CEMETERY OR CREMATORY Arlington National

22d, LOCATION (City, town, or county) Arlington,

Suicide , Homicide , Undetermined monner

246. REGISTRAR'S SIGNATURE Circling S. Kraus

Maquire Funeral Home Washington, D.C.

24e REC'D BY REGISTRAR

VS. A15ME SM 2/57

or its designated agent, 4 should be farword.
TO FUNERAL DIRECTOR:



FOR STATE HEALTH DEPT

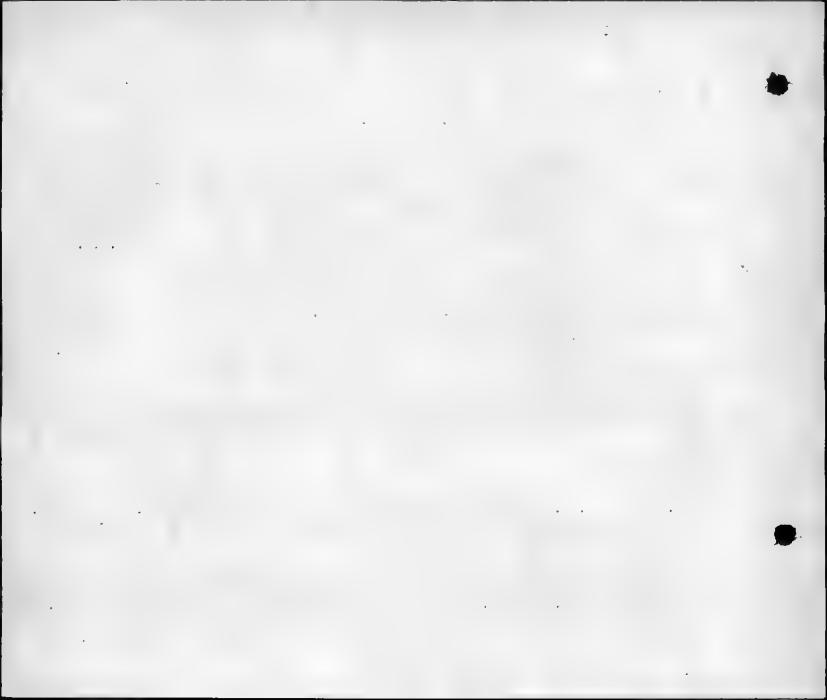
AEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please to certifical thing the word "pending" is pending them 18. Give Pages 1, 2, and 3 to the funeral director. The beforward to the Chief Medical Examiner's Office along with farm PMS. Page 5 may be retained for your fit. AL DIRECTOR: Page 3 should be used as a burial-transit permit. File-pages 1 and 2 with the State Baard of Flebriganesed agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

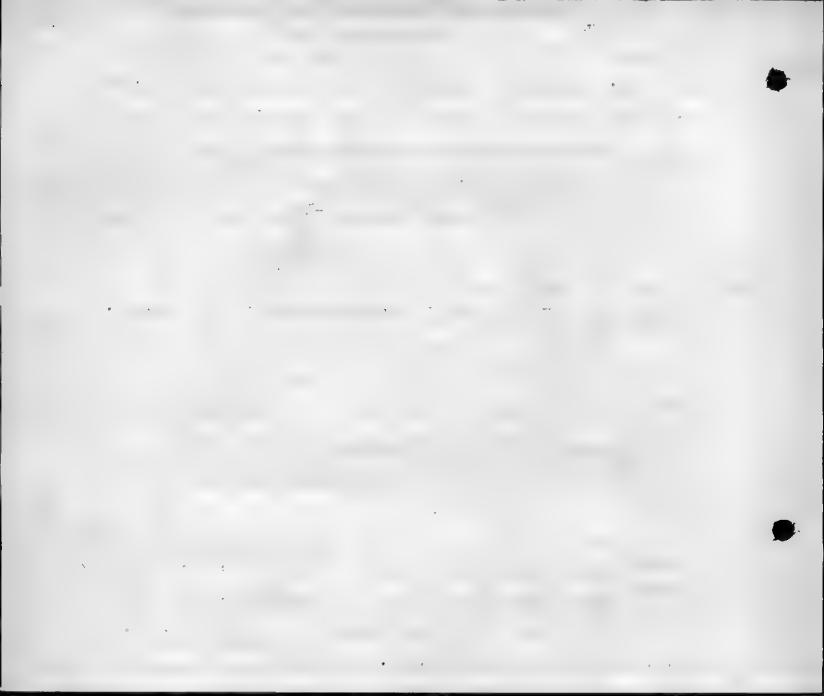
TO DEPUTY	execute th	4 should b	TO FUNERA	The Assessment
	. A'			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9531 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No.

{}	3	5	()	1
6.0	-	U	1 2	7

				If institutions Reside	ince before admission)
l -	MARYLAND	o STATE Mar	yland b	COUNTY St.	Mary's
If autside corporate limits, write It!	C. LENGTH OF STAY IN 16	-		ils, write RURAL one	l pive regrest town)
ia		0-150			
		8			14 014 04
IAL OR INSTITUTION (IF I	iol in hospital, give street address)	d STREET ADDRES	\$\$		IS RES DEN ON A FARM
and an and the second					YES NO
First	Middle	Last	4. DATE	Month	Doy Year
Talan (Gamal T	•	DEATH .		10 _
		R DATE OF BIRTH	- AVE	UST THE INDER	YEAR IF UNDER 29
1.71 + 4 .	- 30	D. DAIL OF BIRSH	fest birt	holes 1	Doys Hours Min
		July 1, 19	39 20	yrs	
ON (Give kind of work dor	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPEACE (S	tote ar fareign country)	32. CIT	ZEN OF WHAT COUNT
		Leonanda	oun Marselas	nd 1	U.S.A.
ILMNA				.14	
rd Edmond Jac	ckson		ladeline Wise		remainment altitudes of a siller in
FER IN U. S. ARMED FORCE (If yes, give war or dates of serv	ES? 116. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
	1	llard E. Je	ckson Cel	fornia 1	le rul and
ATH Enter only one course			AUTOAT! AUTO	THE ASTRETON 1.	INTERVAL BETWEEN
					ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hemothore	x (Massive	2)		immed.
DUE TO		•			
ony, which) no					
idiote couse					
oncertying					
	FORK CONTRIBUTION TO BE 174 PUT	NOT BELLED TO THE T	10 10 10 10 10 10 10 10 10 10 10 10 10 1	MONI CHIEN IN THE	
HER SIGNIF CANT CONDIT	TON'S CONTR BUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE CONDI	HON GIVEN IN PAR	I I(a) 19, WAS AUTOPS PERFORMED?
					YES NO
USE WAS 20b	DESCRIBE HOW INJURY OCCURRED	Enter nature of injury in	Part I at Part II of item 1	0.)	
. I	A	walla !			
IRY Month Day Year	20d INJURY OCCUPRED 120- PL	LOTTED OAG	form 1201 (Cata as lower)	16-	mba) If the same
Attention of the state of the s		dary, street, affice bldg.,	elc.)	(Co.	only) (State
Aug. 6. 159		te 235	Californ	nia St.Ma	ry's Md.
hat I took charge o	of the remains described abo	ove, held an Auto	psy , Inspection	on 💢, Inquir	y X, and in n
TOJVITCO HOITE MO	Accident	MD: Soldide []	, ridifficide [_],	Onderermined t	nomer []
11.1.	11/1/2	A. 1. A.			DATE SIGNED
11/1	V gul	M.D. CHIEF MEDICA	L EXAMINER []		
V		ASSISTANT ME	DICAL EXAMINER		
lliam D. Boye	1 11 D	DEBLITY MEDIC	TAL EVALUACE IT		
	a M.D.	OCTOTI MEDIC	WE ENWINEE THE		Amount 6 10
7.7				y lawn or enumber	August 6.19
ON. 225, DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (CH		August 6.19
ON, 225, DAYE THEREOF 8/8/59	Joy Chap	el	Hollywood	l,	Md
ON. 225, DATE THEREOF	22c. NAME OF CEMETERY O	el	Hollywood		Md
	First John 6. COLOR OR RACE White ON (Give kind of work do nog life, even if relired) The first of the first of the notation of the notat	Pacified corporate limits, write RURAL C. LENGTH OF STAY IN 16 1 yr 9 month 1 yr 9 month	MARYLAND If authore corporate hinds, write RURAL If authore corporate hinds, write RURAL Ital OR INSTITUTION (If not in hospital, give street address) First Middle Lost Jackson 6. COLOR OR RACE White Widowed In Divorced July 1, 10 ON (Give kind of work done) Ing life, even if relired) Inter The Edmond Jackson VER IN U. S. ARMED FORCES? Iff yes, give wor or dotes of services Iff yes, give wor or dotes of services DUE TO DONY, which Belief Cause (a) DUE TO DUE	MARYLAND The science corporate lambs, with a RLEAL The science corporate lambs, with a Science corporate lambs, with	The control of the co





St. Aloysius

ADDRESS

W. Clarke Mattingley Leonardtown, Maryland

09506

e. IS RESIDENCE ON A FARM?

INTERVAL SETWEEN

PERFORMED? YES NO

(Stote)

DATE SIGNED

(Stote)

Maryland

24b. REGISTRAR'S SIGNATURE

arthur S. Frank

Leonard town.

24a, REC'D BY REGISTRAR

DATE AUG 2 0 '59

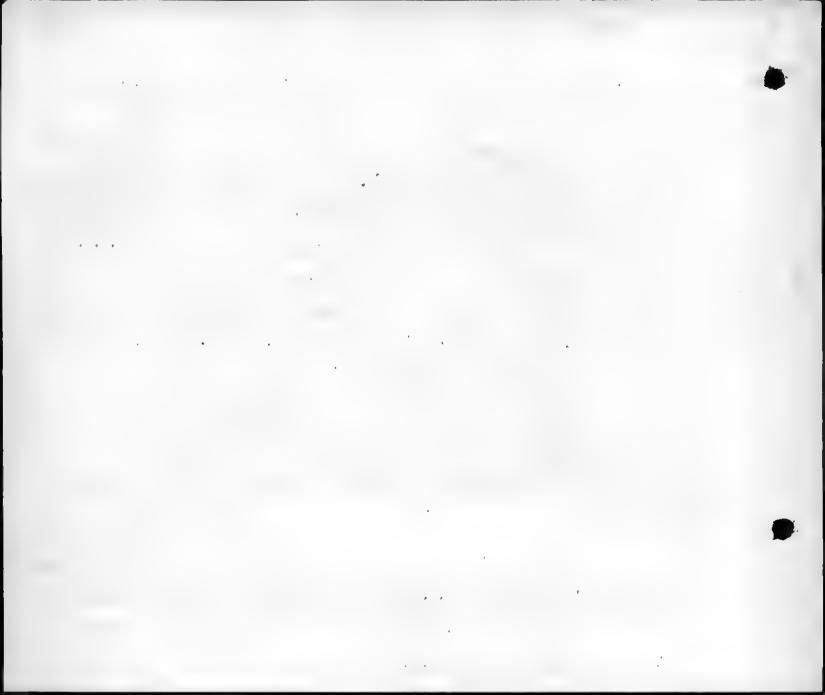
YES A NO

Year

19 50

0 VIII A15 (4) 15M 9758

23. FUNERAL DIRECTOR'S SIGNATURE



FOR SPATE HEALTH DEPT

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9534 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09507

						Reg	Dist. No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE	Where deceased live	d. If institution: R	esidence befor	e admission)
. COUNTY	St. Marv's		MARYLAND	o. STATE Mar	vland	b. COUNTY S	t. Mar	VI s
b. CITY OR TOWN	(If autside cosporate limits, with	LANUR	c. LENGTH OF STAY IN 16		If outside corporate			rest lown)
and give nearest to	•			X T	44			
Hollywood	PITAL OR INSTITUTION (f not in how	tital nive street address)	d. STREET ADDRESS	d rown			e, 15 RESIDENCE
								YES NO
3. NAME OF DECEASED (Type or print)	For		Middle	Lost	4 DATE OF DEATH Asset	Month	Dey	Yeor
5. SEX	Andr		Louis	Mattingly	, au	ust	_21,	19 59
5, SEX	6. COLOR OR RACE		D W NEVER MARRIED	8. DATE OF B RTH 191	3 9. AG	E (In years IF UN mithday) Monti	-	FUNDER 24 HRS
Male	White	WIDOWED		March 8, E	X 46	yra		
during most of worl	king life, even if refired)	done 10b. K	IND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stot	e or foreign country)	12.	CITIZEN OF V	WHAT COUNTRY
Plumbi	ng			Hollywo	od, Maryla	ınd	U.S.A.	•
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
	James H.	Matti	ngly	Clara Mae	Wallace			
15. WAS DECEASED I	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT		Address		
No	(ii) yatt Miles and at an an an		.2-14-5016 MI	ldredM. Matt	ingly Lec	nard town	Marv	land
18. CAUSE OF DE	EATH [Enter only one cou						TINTERVA	L BETWEEN
PART I, DE	ATH WAS CAUSED BY:		(1 02 0		(CINSET A	AND DEATH
1120	IMMEDIATE CAUSE (6)			right of			do	assel.
420,	*			7				
Conditions, if								
(e), stoting the								
couse lost.	(c)							
PART 11, O	THER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER/	M-NALDISEASE CON	DITION GIVEN IN		WAS AUTOPSY PERFORMED?
200. EXTERNAL C	AUSE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED	Enter noture of injury in Pa	ort I or Port II of Hem	18.1		
PRIMARY O or C	ONTRIBUTING			, , , , , , , , , , , , , , , , , , , ,		,		
-	JURY Month, Day, Yes	20d. l	NJURY OCCURRED 20e PL	ACE OF INJURY (Home, for	m. 120f (City or low	n)	(County)	(Stote)
Hour o, n	n.	While	Not while for	ctory, street, office bldg., et	c)	113	(Cootty)	(31018)
		of wo			i			
21. 1 certify	that I took charge	of the r	emains described ab	ove, held an Autop	sy 🔲, Inspec	tion 🔼 Inc	quiry 🛂 🦳	and in my
opinion deat	h resulted from: 1	Natural c	auses . Aegident	, Svicide ,	Hamicide	Undetermine	d manner	
	7,	0-	1 //					
ACTUAL SIGNATURE	4711	1/1	3111	M D. CHIEF MEDICAL	EXAMINER 📋			DATE SIGNED
	X	11-	201		CAL EXAMINER		0/1	12,110
EXAMINER'S NAME (Type)	Willia	m D. E	Boyd M. D.	DEPUTY MEDICAL	EXAMINER 2		8/	21/3
220. BURIAL CREMAT REMOVAL (Speci	ION, 226. DATE THEREC	F -	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (ify, lown, or coun	ily)	(Stote)
Burial	8/24/59		St. Aloysiv	1s	Leonal	dtown.	Me	d
23 FUNERAL DIRECTO	DR'S SIGNATURE		ADDRESS	24a, REC	O BY REGISTRAR	246 REGISTRAR'S		-
W. Clarke N	Mattingles L	enne »/	town Marylar	PATE L	JG 2 6 '59	Circling.	& Krana	
TO THE PARTY OF THE	OCT A CTITE TO A TO	ATTOTION	TOUR WILL AND MANAGEMENT AND	ICI.				

TO DEPUTY MEDICAL THINDRE. This certificate should be executed within 24 hours after death. If any delay is necessary, plea execute the certification withing the word "pending" in pending them. 18. Give Pages 1, 2, and 3 to the funeral director. Please the certification of the Chief Medical Examiners of office along with form PM3. Page 5 may be retained for your file funkal DIRECTOR: Page 3 should be used as a burioutonsii permit. File-pages 1 and 2 with the State Board of Hea. or its designated agent, prior to buriot, cremation, ar removal, and in any event within 72 hours ofter death. VS. A15ME 5M 2/57



VS A15 (4) 15M 9/58

9535	9	5	3	5
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

()	y	5	()	(

- 1		Reg. Dist	. No.
		PLACE OF DEATH a. COUNTY St Maryland 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE Maryland b. COUNTY St A	before admission)
	R	b. CITY OR TOWN (If outside corporate limits, write RURAL and grant of STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and grant of RURAL and give nearest, town)	ve nearest town)
٥	-4-	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION St May y'S Hospital OR INSTITUTION	e. IS RESIDENCE ON A FARM? YES NO
	Ì	NAME OF DECEASED (Type or print) Niddle Middle Marchand 4. DATE Month OF DEATH Qu o	Day Year 2 1959
ľ	5 5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years of June 1) Marthol 1. Marthol 1. Marthol 1.	1
1	100	VA /- WIDOWED DIVORCED Aug 3 /959 yrs USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1/1. BIRTHPLACE (Stole or foreign country) 12 CIFIC	N OF WHAT COUNTRY?
		during most of working life, even if retired) Md	1.59,
	13.	FATHER'S NAME TO THE S W MOTHER'S MAIDEN NAME FUELVE FL'3 Cheth	The Tax
	15. Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address Address (If yes, give war or dates of service)	, , , , , , , , , , , , , , , , , , , ,
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gave rise to immediate cause (o), storing the under-	
	CERT.FICATION	PART II. OTHER SIGN FICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 19 WAS AUTOPSY PERFORMED? YES NO
		20b. ACC DENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o m. p. m. 20d. INJURY OCCURRED While Not while of wark of wa	unty) (Stole)
		alive an 195 , and that death accurred at 1932 M. Fram the causes and an the	
ı		ACTUAL SIGNATURE ACOM COSCINE M.D. ADDRESS (Street, city or lown, state)	DATE SIGNED
1		PHYSICIAN'S Lean W Berube M.D. Mechanics VIIIe M	11
	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) St. Joseph S Morganza	(Stote)
1	23. V	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE ADDRESS DATE AUG 5 59 Cuthon 8. 1	

en istante out some of

H

4G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO HOSPITAL OR ATTENDAGE PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death may be retained by the pial or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be a the registrar prior to burial, crematian, or remayal, and in any event within 77 hours after death.

VS A15 (4) 15M 9/58

9536

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09509

	Keg. Dist, N	IQ.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be	rfore admission)
St. Mary's MARYLAND	Maryland St. Mar	v ¹ s
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give a	
Leonardtown 10 days	X Maddox	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION St. Mary s Hospital	d STREET ADDRESS	e, IS RESIDENCE ON A FARM? YES NO IX
3. NAME OF First Middle	Last 4. DATE Month	
(Type or print) Francis Edgar	Thompson DEATH August 26,	1959
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED		AR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	Oct. 27 1895 63 yrs Months Day	Hours Min
10a. USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)		OF WHAT COUNTRY?
Merchant General Store	Maddox, Maryland	.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
G. U. Thompson	Julia Ann Goode	
15 WAS DECEASED EVER IN L. S. ARMED FORCES? 16, SOCIAL SECURITY NO. (Yor, no. or unknown) [(If yes, give wor or detea of service)]	INFORMANT Address	
Yes WWI	essie G. Thompson Maddox, Maryland	
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		TERVAL BETWEEN
PART I DEATH WAS CAUSED BY My rardial 7	arlure	A CLASS
420. / DUE TO		0
700.		6 dase
gove rise to immediate		
lying couse lost. (c). although the under (c). although the ingression	al Greation	12 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS ALTOPSY PERFORMED?
3		YES NO X
PART II. OTHER SIGNIFICANT COND.TIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter noture of injury in Port I or Port II of item 18)	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e P	LACE OF INJURY (Home, form, 20f. (City or town) (Count	y) (Stote)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e P While Not while of work of work	octory, street, office bldg., etc.)	,,
21. I certify that I attended the deceased from Jesus 2	8 1949 to Gugust 26 1959 that I last so	aw the deceased
	h occurred at 11.17 M, fram the causes and an the da	
	ADDRESS (Street, city or town, stole)	DATE SIGNED
SIGNATURE RIBERT 1, Fusks	M.D. Leonard From, Will	
PHYSICIAN'S Robert Fuchs M.D.	Leonardtown, Maryland	
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF COMMENT OF COMMENTS OF C		(Stote)
Burial 8/29/59 Christ Chur		yland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNAT	
W.Clarke Mattingley Leonardtown, Maryl	and DATE AUG 3 1 '59 ONTLAN & HE	A.ma



FOR STATE HEALTH DEP TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificated ting the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Proceed should be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your fitter. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transity permit. File pages 1 and 2 with the State Board of Heurs, or its designated agent, prints to burial, cremation, at removal, any event within 72 hours after death.

9537 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(1951)

- North		***************************************				1011
7	PLACE OF DEATH				Where deceased lived If institution: Residen	ence before odm ssion)
* 1/		Marys	MARYLANI	o. STATE Distr	ict of Columbia	
and a	b. CITY OR TOWN (!	outside corporate fimits, write BURAL	c LENGTH OF STAY IN 18	c CITY OR TOWN (I	f autside corporate limits, write RURAL and	d give nearest town)
	Mado	lox		Wash	ington 4774	
	d NAME OF HOSPITA	AL OR INSTITUTION (If not in hosp	oital, give street address)	d STREET ADDRESS		e IS RES DENI E
	Rur	al		806 - 54 t	h St. N.E.	ACZ D NO
3	NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Yeor
	(Type or print)	OBDIAH		WHITE	DEATH August 3,	1959
5	. SEX	6 COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9 AGE IIn years IF UNDER	DOYS HOURS MIN.
	male	colored WIDOWED	Tank and a second	4/10/1933	26 703	Doys Hours Mills.
10	On. USUAL OCCUPATIO during most of working	N (Give kind of work done 10b. Ki	IND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote	s or foreign country) 12 CIT	IZEN OF WHAT COUNTRYS
	Cook	Re	sturant	Washingt	on, D.C.	USA
3	3. FATHER'S NAME	James White		Willie D		
					TXOII	
		(If yes, give war at dates of service)	OCIAL SECURITY NO 17.	INFORMANT	Address ESIS B	St. S.E.
-	Yes	WW2		Mrs. Willie	BUNTED	
		H (Enter only one couse per line f	or (o). (b). ond (c)]	_	W.	STAND DEALH
		H WAS CAUSED BY: IMMEDIATE CAUSE (o)	Trown			(mme)
A	724.8	DUE TO				
4	Conditions, if ar					
	(e), stoting the u					
1.	couse fast.	(c)			7,	
1	PART H, OTH	ER SIGNIFICANT CONDITIONS CO	NIRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	HNALDISEASE CONDITION GIVEN IN PAR	T f(a) 19. WAS AUTOPSY PERFORMED?
1	5					YES NO P
CERTIFICATION OF THE PARTY OF T	PRIMARY ET OF CON CAUSE OF DEATH.	SE WAS TRIBUTING TO 206 DESCRIBE	HOW INJURY OCCURRED	(Enter noture of injury in Pox	of Lor Part II of Hem 18)	0
140		Y Month, Day, Year 20d 19	VJURY OCCURRED 20e PI	ACE OF INJURY (Home, form	n 120t (City or town)	uniy) (Stote)
70070	4 . 30 pm.	aug 3 1959 White	Not white fo	ctory, street, office bldg atc	1 1 11 11	Mary Mo
	21. I certify th	at I took charge of the re	emains described ob	ove, held an Autops	y . Inspection . Inquir	and in my
	opinion death	resulted from Natural c	auses 🔲 , Accident	Suicide ,	Homicide . Undetermined	manner [
	ACTUAL	110	-71			DATE SIGNED
	SIGNATURE	10lus	155	M.D. CHIEF MEDICAL E		1/1-/
	EXAMINER'S TAI	- D D 3 35	20	ASSISTANT MEDIC		8 /5 /59
~	RAME (Type) W	m. D. Boyd, M		DEPUTY MEDICAL		
2	20. BURIAL, CREMATIO REMOVAL (Specify)	N. 226 DATE THEREOF	224 NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (City, town, or county)	(Stote)
-	Burial 3. FUNERAL DIRECTOR	0-1-37	Arlington	, National		rginia
1			4339 Hunt	P1 N. F.	'D BY REGISTRAR 246. HEGISTRAR'S SIC	
L	Rollins	Funeral Home	Washington	. D. C. DATE AL	JG 1 4 '59 Carding	time

VS. A15ME 5M 2/57



FOR STATE HEALTH DEPT.

9538 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09511

							Reg. D	Dist. No).	
PLACE OF DEATH			13		here deceas	ed lived. If institu		dence be	fare adm	issian)
S	. Mary's	MARYL	LAND 0. ST	ATE		b. COUNT	Y			V
b. CITY OR TOWN	Lif autside carparale limits, write	EURAL C. LENGTH OF STAY	N 16 c. C	ITY OR TOWN (IF	outside carp	parate limits, write	RURAL on	id give n	egrest to	wn)
Maddox)wn] *	1 day	W	ashington	n. D.	C.	47	1 × 3	3	
d. NAME OF HOSE	PITAL OR INSTITUTION (If not in haspital, give strag address	d. S	REET ADDRESS			-			ESIDENCE A FARM?
Wice	omico River		_ 3	39-5	400	ST. 1	7.4			NO
3. NAME OF DECEASED (Type or print)	Clar	rence Middle	W	ight	4. DATE OF DEATH	Aug.	h Ta	Day		Year 19 59
5. SEX	6. COLOR OR RACE	7. MARRIED TH NEVER MARRIED	B. DATE O	BUTH		9. AGE the years	IF UNDE	TYEAR	-	ER 24 HRS
Male	Colored	WIDOWED DIVORCED] Oot-	23-1914		last birthday) 44 yrs.	Months	Doys	Haun	Min.
during most of wor	king life, even if retired)	dane 10b. KIND OF BUSINESS OR II		IRTHPLACE (Stote				TIZEN O	F WHAT	COUNTRY
Bagage 1	nandler	Mail	Ge	orgetown	, Sou	th Caroli	ina	U.S	.A.	
13. FATHER'S NAME			14. MO	THER'S MAIDEN N	EAME					
	John Wri	ght		Cecili	a Gray	V				
	EVER IN U. S. ARMED FO	RCES? 16. SOCIAL SECURITY NO.	17. INFORMAL			Address				
No. no. ar unknown)	(If yes, give war as dates at	249-16-6384	Luciala	Waight	Hemis	ngway, So	mith (3amo	1100	
	KATH [Fater only one co.	rise per line far (a), (b), and (c).	Indetate	" HITERIC	Hemil	IRMAN, DO	ou un		RVAL BETW	
	EATH WAS CAUSED BY:							ONS	LI AND DE	ATH
That is, by	IMMEDIATE CAUSE (a)	Drown	ing						Imm	3
1929	DUE TO									
Conditions, if	ony, which } (b)									
gove rise to imp										
(o), stating the	(c)							1		
Z PART II. C		DITIONS CONTRIBUTING TO DEATH	BUT NOT RELA	ED TO THE TERMI	NAL DISEASI	E CONDITION GIV	/FN IN FAI	RT May 1	9. WAS	AUTOPSY
2					, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				PERFC	DRMED?
5			to all the said	411					YES 🗌	NO X
PART II. C	ONTRIBUTING [b. DESCRIBE HOW INJURY OCCUR								
		ntoxicated, jumpe								-
20c. TIME OF IN		or 20d, INJURY OCCURRED 20	MICENT	JURY (Home, farm, office bldg., etc.)	20f. (City	or lown)	{Co	ounty)		(State)
4.50	m. 8.3. 19	59 of work at work N	image R	iver	Mad	dox	St.Ma	ry1 g	3	Md.
21. I certify	that I took charge	of the remains described	above, hel	d an Autopsy	y [], [r	spection R	Inqui	ry 🔯	. on	d in my
		Vatural couses ☐, Accid			domicide		rmined		_	- 0,
Opinion dedi	ii resorted from: 1	TOTOT COURSE L. MCCIO	0	,,,,,,	- 511116166	CJ, Omaele	muleu	HOHH		
ACTUAL	1.1.	9-12	8	LUTE MEANS ILEM	s and other				DATE :	SIGNED
SIGNATURE	way	1 Jan	M.D.	HIEF MEDICAL EX		_				
EXAMINER'S		10	_ ^	SSISTANT MEDICA	AL EXAMINE	-				
NAME (Type)	William D.Bo	yd, M.D.	0	EPUTY MEDICAL E	EXAMINER #	3 Au	gust	6, 1	1959	
220. BURIAL CREMA	TION. 226. DATE THEREO	OF 22c. NAME OF CEMETE	RY OR CREMATE	DRY	22d. LOCA	TION (City, lawn,	or county)	-	(Stat	e)
REMOVAL (Special	8/9/50	24-3-34 ama	Woodla	Man	Mand.	maghin	EX84 B	Bes	Sep. 1.	40
23. FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS			D BY REGIST	RAR 24b, REGI	STRAIN'S ST	GNATU	RE	act.
				DATE AU	G 1 1 '5		Thun &		_	
John T. R	hines 3001	- 12th. St.N.E.W	ashingt	on DATE HU	4 1 1 0		1 40,	, 5,-0		

D.C.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificated fitting the ward "pending" in pendil in them 18. Give Pages 1, 2, and 3 to the funeral director. A shauld be farward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your fit TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Figerpages 1 and 2 with the State Baard of Halani, at its designated agent, prior to burial, ar removal, and in any event within 72 hours after death. VS. ATSME 5M 2/57

August 1997 - Au STATE AND DESCRIPTION OF THE PERSON AND PERS

W.Clarke Mattingley Leonardtown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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Circling & Krans

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3.5	1
ctor, with	1
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3	133
(i)	
5 2	
1 0	

pital ar attending physician. After this certificate has been signed by the attending physician and campletely filled in by the father this certificate has been signed by the attending physician and a shaw affer death crematian, ar remayal, and in any event within 72 haurs

G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPITAL OR ATTEN WG PHYSICIAN: The law requires the may be retained by the patient or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. the registrar priar to burial, VS A1S (4) 1SM 9/58

							teg, Dist, It	o.
1. PLACE OF DEATH 0. COUNTY			MARYLAND	2. USUAL RESIDENCE (VI		b. COUNTY		
St.	Mary's			Marylai			St. Mar	N-
b. CITY OR TOWN (If a RURAL and give near	utside corporate limits est town)	, write c	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	limits, write RUR	AL and give n	earest town)
d. NAME OF HOSPITAL	ME a to b table table		Life	X Avenue				T IS DESIDENTED
OR INSTITUTION	(it not in nospital, giv	re street do	aressy	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First		Middle	Lost	4. DATE OF DEATH	Month		Day Year
	100 001		E.	Young		Augus		1
S. SEX	COLOR OR RACE	MARRIEC	NEVER MARRIED	8. DATE OF BIRTH	1 1		Months Days	Hours Min.
Female	20104	WIDOWED	The state of the s	March 25,19		59 угз.		
10a. USUAL OCCUPATION during mast of workin	(Give kind of wark do g life, even if retired)	ne 10b. Kit	ND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (Stot		ry)		OF WHAT COUNTRY
House wi	fe	H	ome		aryland		U.	S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
	John Jones			Ma	ry Mills			
IS. WAS DECEASED EVER I	N U. S. ARMED FORCE		CIAL SECURITY NO.	INFORMANT		Addres	\$	
(Yes, no, or unknown) (If	yes, give war or dates of sem	vice)	None Mr	Rosetta Jon	es 3404	13th ST.	N.W.	Apt.1
18. CAUSE OF DEATH	Enter only one cou	se per line	far (a), (b), and (c).]	Washington,	D. C.		IN	TERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY		acente c		(carry	sense &	CON OF	NSET AND DEATH
4221	DUE TO	-			0			
Condition if		-	Pade D.	selevolic	101/0	Linear	1	
Conditions, if any	nediate (70,000	3 conjupce	CUO	unan		
couse (o), stoting the								
lying couse last.) (c)_							
PART IF. OTHER	SIGNIFICANT COND	ITIONS COL	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CO	ONDITION GIVEN	N PART 1(a)	PERFORMED?
	CAUSE OF DEATH	Ob. DESCRI	BE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Port II o	of item 1B.)		
3 20c. TIME OF INJURY	Month, Doy, Year	20d. INJU	JRY OCCURRED 20e. P	LACE OF INJURY (Home, for	m, 20f. (City or	town)	(County	y) (State
20c. TIME OF INJURY	19	While	THUI WILLIE	octory, street, office bldg., e	tc.)			
≥ p. m.	**	at work	at work	100	91.696	1 00		
21. I certify that	I attended the	deceased	from Juli	19 2 7, ta	MYLY	, 19 <u>-9</u>],th	iat I last so	aw the deceased
alive an_U_	4h	2 1957	sind that deat	h accurred at 1 A	_M, fram the	causes and	an the dat	te stated above
	*/ 5		H	In,	ADDRESS (Street	, city or town,	ר' ולוים	DATE SIGNED
ACTUAL	Tay to	with	her	M.D. / U.C.	ham	es vill	e, m	d.
PHYSICIAN/S NAME (Type)	0			MECHAN	ICSVILLE	, MARYLA	.ND	
220. BURIAL, CREMATION.	22b. DATE THEREOF		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, town, or	county)	(State)
Burial (Specify)	8/25/59		Sacred Hear	t	Bushwoo	a,	Mary	land
23. FUNERAL DIRECTOR'S	GIGNATURE		ADDRESS	24o. REG	'D BY REGISTRAR	24b. REGISTI	RAR'S SIGNAT	URE
W.Clarke Mad	tingley Le	onend	torm Manula		G 2 6 '59		1 & three	4

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